



CITY OF SUGAR LAND
Fire Marshal
FIREWORKS, PYROTECHNICS AND SPECIAL EFFECTS
PERMIT APPLICATION

******* TO BE COMPLETED BY APPLICANT *******

APPLICANT NAME _____

BUSINESS NAME: _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PHONE: _____ **EMAIL:** _____

TYPE OF LICENSE & NUMBER: ☐ **SEO-**_____ ☐ **FPO-**_____ ☐ **FEO-**_____

EVENT LOCATION INFORMATION

NAME OF LOCATION: _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

SITE CONTACT:_____ **PHONE:** _____

EMAIL: _____

APPLICANT SIGNATURE _____ **DATE** _____

******* FOR OFFICE USE ONLY *******

TO BE COMPLETED BY INSPECTOR

PLANS REQUIRED: ☐ **YES** ☐ **NO** **PLANS SUBMITTED:** ☐ **YES** ☐ **NO**

CODE EDITION: 2015 International Fire Code

******* FOR REVENUE *******

FEES DUE: **Fireworks Standby Fee:** \$310.50 **Other:** \$ _____
FUND 10 **ACCOUNT NUMBER** 010-000-319-62.00